

(REFERENCE COPY - Not for submission)

## Broadcast Equal Employment Opportunity Program Report

FRN: **0001576206** File Number: **0000153723** Submit Date: **07/22/2021** Call Sign: **KNHC** Facility ID: **59526** City: **SEATTLE** State: **WA**  
 Service: **Full Power FM** Purpose: **EEO Report** Status: **Submitted** Status Date: **07/22/2021** Filing Status: **Active**

### General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	2021 EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Licensee Information

#### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SEATTLE PUBLIC SCHOOLS	JUNE FOX PO Box 98125-7937 SEATTLE, WA 98125-7937 United States	+1 (206) 252-3801	hjfox@seattleschools.org	Company

### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
June Fox General Manger SEATTLE PUBLIC SCHOOLS	10750 30th Avenue NE Seattle, WA 98125 United States	+1 (206) 252-3801	HJFOX@SEATTLESCHOOLS.ORG	General Manager
Margaret Miller Attorney Gray Miller Persh	2233 Wisconsin Avenue NW Suite 226 Washington, DC 20007 United States	+1 (202) 776-2914	mmiller@graymillerpersh.com	Legal Representative

### Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
59526	KNHC	SEATTLE	WA	No

### Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

**Certification****Question****Response**

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay

Certified Date

07/22  
/2021

Certified Title

General  
Manager

Authorized Party Name

H June  
Fox

**Attachments**

No Attachments.